

## CLAIMS ONLY

Application Number \_\_\_\_\_

Application Number  
10-789738

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	✓					
2		✓				
3		✓				
4		✓				
5		✓				
6	✓					
7		✓				
8		✓				
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49						
50						
Total Indep	3					
Total Depend	17					
Total Claims	20					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						